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CONFIRMATION NO. 4256

SERIAL NUMBER 10/757,981	FILING DATE 01/13/2004 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 3506.1001-002
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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/492,478 08/04/2003
 and claims benefit of 60/440,076 01/13/2003 *mb*

** FOREIGN APPLICATIONS *****
 NONE *mg*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 04/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Michael Duffus mg</i> Examiner's Signature Initials	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 8
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TITLE
 Method of treating nausea, vomiting, retching or any combination thereof

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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